

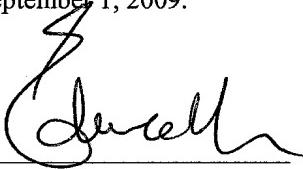
**REMARKS**

Claim 17 is amended to correct a typographical error.

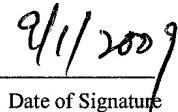
If the Examiner has any questions regarding the above, the Examiner is respectfully requested to telephone the undersigned Attorney for Applicant at 408-392-9250.

*Fee Authorization:* No fee is believed to be required. However, the Commissioner is hereby authorized to charge any additional fees or credit any overpayment associated with this communication to Deposit Account No. 08-1394.

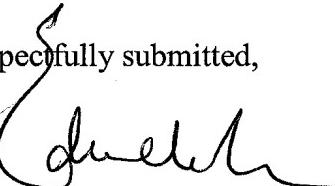
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Attorney for Applicant(s)

  
Date of Signature

Respectfully submitted,



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